

Effective October 1, 2000

Application or Docket Number

| | / |
|-----|----------------|
| 097 | 2445D/B109-IKA |

| | | CLAIMS AS | SMALL ENTITY | | OB | OTHER THAN OR SMALL ENTITY | | | | | | |
|---|--|---|----------------------|-------------------------------|--------------|--|------------------|---|------------------------|---------|---|------------------------|
| TOTAL CLAIMS | | | (Column 1) | | (Column 2) | | | RATE | FEE |) | RATE | FEE |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | | BASIC FEE | 355.00 | OD | BASIC FEE | 710.00 |
| | TAL CHARGEA | BLE CLAIMS | 15 minus 20= | | * & | | | X\$ 9= | - | OR | X\$18= | ,,,,,, |
| INDEPENDENT CLAIMS 3 minus | | | | | * | | | X40= | - | | X80= | |
| MU | LTIPLE DEPEN | | i | 740= | | OR | 700= | | | | | |
| | | | | | | | | +135= | - | OR | +270= | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | TOTAL | 355 | OR | TOTAL | |
| | C | | 011111 | | . | OTHER | 1 | | | | | |
| | -A | (Column 1) | | (Colur HIGH | | (Column 3) | 1 r | SMALLE | | OR I | SMALL | |
| AMENDMENT A | 1 | REMAINING AFTER AMENDMENT | | NUM PREVIO PAID | BER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| NON | Total JJ | . 28 | Minus | 2 |) | = 8 |] [| X\$ 9= | 12. W | OR | X\$18= | |
| AME | Independent | TATION OF MI | Minus JLTIPLE DEF | PENDENT | CLAIM | = / | | X40= | | OR | X80= | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | 1 | +135= | | OR | +270= | |
| | 0 | Λ | | | | | - | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| | | (Oølumn 1) | | (Colui | mn 2) | (Column 3) | | | | | | |
| AMENDMENT B | Don | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | BER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | . 31 | Minus | * 20 | 9 | = 3 |] [| X\$ 9= | 27,00 | OR | X\$18= | |
| AME | Independent | TATION OF MI | Minus | *** 9 | CLAIM | = / | ig | X40= | 42.0 | OR | X80= | |
| _ | THOTTHEOL | NIAHON OF MA | JETH EE DEI | LIVELIVI | CLAIIVI | | J | +135= | | OR | +270= | · |
| | | | | | | | - | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT, FEE | |
| | | (Column 1) | _ | (Colui | | (Column 3) | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | • | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | * | HIGH NUM PREVIO PAID | BER OUSLY | PRESENT EXTRA | $\Big] \Big[$ | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| NDN | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| 4ME | Independent | * | Minus | *** | | <u> </u> | ┧┟ | X40= | | OR | X80= | |
| L | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | | OR | +270= | |
| ** | lf the "Highest Nu | mber Previously Particular Previously P | aid For" IN THI | S SPACE | is less tha | n 20, enter "20 |)." _A | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| | | nber Previously Pa | | | | | er fou | nd in the app | ropriate box | in co | lumn 1. | |